

Association canadienne de crosse  **Canadian Lacrosse Association**
TEAM REGISTRATION FORM

Member Association			Association, Club or League				City					
Team Name		Team Colours			Age Category							
					P	B	M	I/Jv	Y	Jr	Sr	Ms
					Field:	U13	U15	U16	U19	Sr	Ms	
Sector			Level			Tournament						
Box	Men's Field	Women's Field	A/Div 1		B/Div 2							
Player #	Name		Complete Address					Date of Birth DD/MM/YYYY		Provincial Medical #		

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TEAM NAME: _____

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List team staff and certification below					
				NCCP #	Qualifications
Coach					
Coach					
Coach					
Coach					
Trainer					
Manager					

Provincial / territorial use only		
Information Verified By:	PMA Approval:	Date:

MEMBER ASSOCIATIONS: MAs found to have signed this form with false coach qualifications or player information shall forfeit entry to any national championship in the following year.